



# FIRST NEWFOUNDLAND REGIMENT

2567

## ATTESTATION OF

No. Lewis Chaulk Name Lewis Chaulk Corps



### Questions to be put to the Recruit before Enlistment.

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>Lewis</u>                     |
| 2. What is your full Address? .....  | 2. <u>Brooklyn B. C.</u>            |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                 |
| 6. Are you Married? .....  | 6. <u>No</u>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>Naval Reserve</u>             |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                       |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                       |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                    |
|  | Corps .....                         |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                      |

I, Lewis Chaulk do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Lewis Chaulk SIGNATURE OF RECRUIT.

J. Power Signature of Witness.

Lewis Chaulk do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered, as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of Apr. 1916

Signature of Attesting Officer W. J. ...

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....

Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

**DESCRIPTIVE REPORT ON ENLISTMENT.**  
 Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Lewis Charek  
 Apparent age 25 years 11 months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 5 1/2 inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Mrs. Jos. Charek  
Brooklyn B.K. | Relationship mother  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

**Particulars as to Children**

Christian Names	Date and Place of Birth

**STATEMENT OF THE SERVICES**

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [ " " ] _____ " _____ "									

2567



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2567 Name Lewis Chaulk Corps         

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Lewis
- 2. What is your full Address? ..... 2. Brooklyn B.B.
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 23 Years 11 Months
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. Naval Reserve
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
- 9. Are you willing to be enlisted for General Service? ..... 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ... 10. { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

I, Lewis Chaulk do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Lewis Chaulk SIGNATURE OF RECRUIT.

G. Power Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Lewis Chaulk do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24 day of Apr 1916

Signature of Attesting Officer R. O. ...

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the         

If enlisted by special authority, such will be attached to the original attestation.

Date 1916 ..... } Approving Officer.  
Place ..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows:  
viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

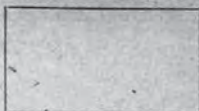


Chauk, S.

2567

Ray Dept

This space to be left blank for the Chelsea Number.



Army Form B. 266.



# Proceedings on Discharge

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2567</u>	Army Rank <u>Private</u>
Name <u>Chauk Lewis</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>August 2nd 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
<b>1. Description at the time of discharge.</b>	
Age <u>24</u> years <u>2</u> months Height <u>5</u> feet <u>8</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Dark</u> Eyes <u>Brown</u> Hair <u>Dark Brown</u> Trade <u>Bakerman</u> Intended place of residence { <u>Boston</u> <u>St. John's Bay</u> <u>Newfoundland</u> <small>(To be given as fully as practicable)</small>	<b>Descriptive marks.</b> <u>L.S.W. Scar upper third L. Arm.</u> <u>Scar bridge of nose.</u>
<p>2. The above-named man is discharged in consequence of <u>wounds received in action</u></p> <p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority the No. and date of the letter to be quoted.)</small></p>	
<p>3. Military character :- <u>Very good</u></p>	
<p>4. Character awarded in accordance with King's Regulations :-</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2066 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's

J. Chavalk (Signature of Soldier.)

(Date) Aug 16/18

J. Holland (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

---

No Reservation

L. Chalk

J. Holland



**COPY**

**Descriptive Return of a Soldier discharged on account of Disability.**

**INSTRUCTIONS.**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.



**A Name in full** *Chaulk Louis*  
**Regiment from which discharged** *ROYAL NEWFOUNDLAND REGIMENT.*  
**Regimental Number** *2567*  
**Where born (Parish, Town and County), and when** *Bonaville Bay Nfld. 28.5.92*  
**Intended address** *Brooklyn Bk. Nfld*  
**Height on discharge** *5* Feet *8* Inches  
**Colour of Hair on discharge** *dark brown* **Colour of Eyes** *brown*  
**Descriptive marks** *No scar. upper third L. arm* **Complexion** *fresh*  
**Figure on discharge** *slight* *scar bridge of nose*  
**Christian name of Father** *George*  
**Christian name of Mother** *Elizabeth*  
**Wife's Maiden name in full**  
**Date and Place of Marriage** } *Nil*  
**Christian names of Children** }  
**Nature and locality of civil employment desired** *light work at Bonaville Bay*

I declare that I am the soldier referred to above, and that all the particulars contained in the above Statement are, to the best of my knowledge, correct.

(Soldier's Signature in full) *Louis Chaulk*

Station *Woodsword*

(Rank) *Private*  
 Date *26.4.18*

I certify that the above-named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.

*L. S. Davies C.S.* Medical Officer i/c Hospital.  
 Station *Woodsword S.W.* Date *April 26 1918.*

B Period of Service and in what Corps ...	Regiment			All Service Abroad with Stations		
	Years	Days	Years	Days	Years	Days
			India			
			S. Africa			
Disallowed ...	...	...				
Service towards Pension ...	...	...				
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }		
Sums due on account of public debts ...						

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

**COPY**

**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W. in substitution for a man fit for General Service.**



No. 2567

Rank Ser

Name (surname first) Charles Lewis

Regiment ROYAL NEWFOUNDLAND REGIMENT.

1. State what special qualifications you have for employment in civil life.

*Nil*

2. State the name and address of your last, or any other employer before enlistment, etc. the nature of employment and how long you were employed?

*Albert. Lye. Brooklyn B.D.  
Fishing two years*

3. What is the nature and locality of the employment you desire?

*Light work*

4. What is the name of your Approved Society?

*Nil*

5. Have you been employed whilst with the Colours? If so, in what capacity?

*Nil*

Date 16.4.18

Signature Charles Lewis

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

**Casualty Form—Active Service.**

NEWFOUNDLAND REGIMENT

**COPY.**



Regiment or Corps *NEWFOUNDLAND REGIMENT*  
 Rank *Sgt* Surname *Chauk* Christian Name *Lewis*  
 Religion *Meth* Age on Enlistment *23* years *11* months  
 Enlisted (a) *22.4.16* Terms of Service (a) *Wat* Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked <i>Shantya</i>		<i>11.10.16</i>	
		Disembarked <i>Fouen</i>		<i>12.10.16</i>	
		<i>Joined Bath.</i>		<i>22.10.16</i>	
	<i>36 Cct. Sam Myalgia</i>		<i>France</i>	<i>18.1.17</i>	<i>ED9009</i>
	<i>H. Mc Davis</i>	<i>Went to England at 12 En H. Fouen</i>		<i>30.1.17</i>	<i>W3083</i>
		<i>Bronchitis x Debitis</i>			
		<i>Sgt J. Burchell</i>			
		<i>Capt. No 1 Reg Inf Section</i>			
		<i>P. N. 2nd Echelon</i>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. W. 11814—M1188 1000m 1/17 (27227) SP & Co, Ltd. Forms B./103/4 E./354. [P.T.O.]

**Casualty Form—Active Service.**

**COPE**

Regiment or Corps *ROYAL NEWFOUNDLAND REGIMENT*

Rank *Star* Surname *Chauk* Christian Name *Leonard*

Religion *Methodist* Age on Enlistment *22* years *11* months

Enlisted (a) *John* Terms of Service (a) *Duration* Service reckons from (a) *27.4.16*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Re-engaged { ..... } Qualification (b) .....  
 { ..... } For Corps Trade and Rate .....

*W. March Capt.* Signature of Officer.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked <i>Shamptou</i>	<i>S. 8.17</i>		
		Disembarked <i>Rouen</i>	<i>7.8.17</i>		
		<i>Joined Battalion</i>	<i>28.8.17</i>	<i>B213</i>	
<i>15.10.17</i>	<i>O.C. Unit</i>	<i>Wounded in Action</i>	<i>9.10.17</i>	<i>B212</i>	
<i>22.10.17</i>	<i>4 C.C.S.</i>	<i>Ad. G.W. Army</i>	<i>10.10.17</i>	<i>E.D. 1956</i>	
	<i>6 Gen. Hosp</i>		<i>Rouen</i>	<i>11.10.17</i>	<i>N.A. 15119</i>
	<i>H.S. Wardon</i>	<i>Trans. To England</i>		<i>23.10.17</i>	<i>W 3082</i>
					<i>Sp. Mary Sp. for Mes</i>
					<i>Sp. Mrs. Inf. Secy</i>
					<i>G.A. 28.11.17</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. W. 11814—M1188 1000M 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354. [P.T.O.]



# COPY

2567

July 2nd., 1918.

From:- D. M. S.

To:- O. C. Depot.

2567. Pte. L. Chaulk

The marginally noted man entered the Naval  
& Military Convalescent Hospital July 2nd., 1918.

OLUNY MACPHERSON,

Major, D. M. S.

Per

# ORIGINAL

## LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2567 Rank Pte Name L. Chaulk Unit Royal Nfld. Regt who was Repatriated  
 to Newfoundland on 6/5/18 Authority A.F.B.179 Cause Class A

### STATEMENT OF ACCOUNT

DR.

	PARTICULARS	£	s	d	PARTICULARS	£	s	d	CR.
PERIOD: From 22/12/17 To 6/5/18  8	Balance Dr. from				Balance Cr. from 21/12/17				
	Allotment 136 days @ .65	88	40		Pay 136 days @ £ 1.00	136	00		
	Cash Payments: P. & R. O.				Field Allow 136 days @ £ .10	13	60		
	Hospital Advances				Other Allowes days @ £	149	60	30	14
	Other Debits:				Other Credits:				
					Ration Allowance.				
					2/5/18 - 6/5/18, 5 days @ 1/9				8
	Total Debits				Total Credits				
	Balance due by Paymaster				Balance due to Paymaster				

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of \_\_\_\_\_

(Place) \_\_\_\_\_

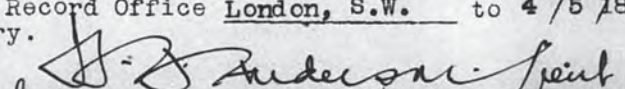
(Date) \_\_\_\_\_ 191

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S.W. to 4/5/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

4/5/18 191

  
 Chief Paymaster & Officer i/c Records.

CHECKED.  
 W.B.  
 4/5/18

H.F.P.54

No.204.

From Pay & Record Office, London

To Minister of Militia, St. John's, Nfld.

£2567 Pte<sup>3</sup>L. Chaulk

Hospital advances as per voucher 5314 3s.6d.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Lewis*..... 2. Surname..... *Chaukh*.....
3. Rank... *Pte*..... 4. Regtl. No.... *2567*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Waterford Hall, St. John's*.....
6. Date of enlistment in the Regiment... *April 23<sup>rd</sup>*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Mother C/O*.....
8. Relationship of such dependents..... *none*.....
9. Address in full of such dependent..... *not applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*.....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *No*..... *6 yr. 4 mos.*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 years 5 mos.*.....

✓  
5

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *Yes.*

*1 year... Royal Naval Reserve.....*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *Yes*

*\$ 86.40.....*

15. Have you been issued with a War Service Badge? *Yes*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b). If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

19. Are you now serving in the Regt.? *No*... If not give: - (a) Date of discharge... *4/8/18*... (b) Reason for discharge... *Wounds*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

*France and Belgium, 1916, 1917.....*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Lewis Shaulp*  
 Place of Residence: *Waterford Hall, N. John's*  
 Declared before me at: *N. John's Nfld*  
 This *3rd* day of *March* 19*29*

*John W. Carthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits.

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
<i>11-12-18</i>	<i>100.10</i>		<i>5.00</i>		<i>350.00</i>
			<i>less P.D.P.</i>		<i>100.10</i>
					<i>249.90</i>
Certified Correct.					Paymaster.



SEPARATION ALLOWANCE.

Claimant... *Chalk, Elizabeth (mother, widow)*

On account of *Lewis Chalk* No. *2567* Rank. *Pte.*

Decision... *Approved.*

*W. F. Ruddle Lieut. Col*  
*M. Howley Capt*

Date... *28/5/19*

Instructions.....

Allotment of *65<sup>4</sup>* per day payable to *Mrs G Chalk*  
his *mother* from *1/6/16* to *31/7/18*

Discontinued on account of *his being discharged*  
*L. R. [Signature]*

*5 months was 9*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch )

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*Lewis Chalk Pte Royal Nfld Regt 2567*

2. Age of soldier. Married or Single.  
*25 Years Single*

3. Name in full of mother. Age. Occupation. Permanent Address.  
*Elizabeth Chalk 63 Housewife Brooklyn*

4. Give name of your husband. Age. Occupation Where Employed.  
*H. G. Chalk Deceased 8 years.*

5. If your husband is not supporting you state the reason.  
*Deceased*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)  
*Not applicable*

7. If you are a widow, state date and place of death of your husband.  
*June 21st 1911  
Ish - Brooklyn*

8. Have you married again since death of above mentioned husband?  
*No.*

9. Names of your other children. Address in full. Age. Occupation Married  
*Mrs Theophilus Wells 31 Housewife Married*  
*Mrs James Down. B B 29 " "*  
*Mrs John P. St. Johns. 24 Single. Lumberman*  
*Mrs Lewis Chalk Brooklyn 19 " "*

- 10. State amount earned by (a) Yourself *None*  
(b) Your husband. *Deceased*

---

- 11. State amount and source of any other income. *\$ 60<sup>00</sup> per. Ann from Youngest Son.*

---

- 12. State value of real property belonging to you and your husband. *None*

---

- 13. State value of personal property belonging to you and your husband. *House & land belonging to two sons & myself worth about \$5000*

---

- 14. If husband is dead state value of real and personal property left by him. *Same as above*

---

- 15. Actual amount contributed by soldier during the year prior to enlistment. *about \$ 175<sup>00</sup>*

---

- 16. Was this amount contributed weekly or monthly. *Semi annually*

---

- 17. Did this amount include payment of son's board, etc. *Yes.*

---

- 18. State your son's trade or occupation prior to enlistment. *Fisherman*

---

- 19. State amount of his wages per week. *Paid for periods of various length.*

---

- 20. State name and address of his last employer. *Albert Pye. Brooklyn.*

---

- 21. State amount of monthly support from son since enlistment. *\$ 20.<sup>00</sup> assigned pay.*

---

- 22. State amount of allotment received by you from son since enlistment. *\$ 280<sup>00</sup> (14 months)*

---

- 23. State from what date did you receive allotment? *July. 1st. 1916.*

---

- 24. Actual amount contributed by other children. 

	Weekly	Monthly.
--	--------	----------

*Younger Son. This would be \$ 3<sup>00</sup> a year*

---

- 25. Are any of these children in the employ of you or your husband? *No.*

26. If not receiving support from other children, state cause. Explain fully. *Married*

27. With whom are you residing at present? *Son.*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Have not made claim did not know it was for coming. had bond death. Younger Son under 18 when this one enlisted*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No.*

32. In what capacity and in what place? *none*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant... *Elizabeth G. Chalks*

Place of Residence... *Brooklyn Mark B. B.*

Declared and subscribed before me at... *Musgrave town B.B.*

this... *19th* day of... *March* 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *R. S. Oldford J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *Edwin Nichols. Priest*

Signature of member of the Patriotic Fund Committee. *Edith Nichols*



May 6th., 1919

Mrs. Elizabeth Chaulk,  
Brooklyn, B.B.

Dear Madam:-

With reference to your application for Separation Allowance, will you kindly furnish me with Birth Certificate of your son Percy. Will you also state if he has offered for enlistment, and if so what is the number of his Rejection Badge, if he has one. If he has not offered for enlistment kindly state whether he is in any way incapacitated, and if so, please have statement to that effect supported by the Doctor's Certificate, showing the nature and extent of such incapacity.

Yours truly

Captain,  
Paymaster & C. i/ c Records

4991

Brooklyn

B. Bay.

May 9 th 19  
Dept of Militia  
of M. Holiday Esq  
Sir,

I am

In Receipt of your  
letter of May the 6<sup>th</sup>  
my son Percy was  
Christened at Elliston  
I. Bay I have wrote  
the Rev Cotton the  
curate at Elliston  
for his Birth-Certificate  
& will forward it  
Immediately after  
receiving it from  
Elliston. Percy was

3

was my only help  
left me.

Yours Truly  
(Mrs) Elizabeth Chauncey

2

Called to St Johns  
& was gave a  
paper to ~~the~~ Report-  
with Class 2 when  
called on & the  
Armesic was signed  
before he was  
called on he was  
not old enough  
to enlist. Untill  
last fall my other  
son Lewis is now  
at the Convalescent  
Home St Johns  
getting treatment  
for his arm where  
he was wounded  
& my husband  
being dead Percy

I certify that the following is a correct copy, of the birth of the herein named, from the Methodist register at Elliston Jimmy Bay.

Baptized.	NAME.	PARENTS.	BORN.	MINISTER.
DEC. 3. 1900	PERLY PYE	HENRY GEORGE + ELIZABETH CHAULK	SEPT 17. 1899	C. LENCH.

SIGNED Walter W Cotton

Methodist Minister

ELLISTON

MAY 13. 1919.

June 5, 1919

Mrs. Elizabeth Chaulk,

Brooklyn, B.B.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for Five hundred and twenty dollars (\$520.00) in payment of same.

Yours truly

Paymaster & Officer i/c Records. Capt. in.

March 22, 1920

<sup>to</sup>  
Mrs. Elizabeth Chaulk,  
Brooklyn,  
B.B.

Dear Madam:

I enclose cheque  
for \$150.00, representing balance of Separation Allowance (War Service Gratuity) due  
you.

Yours truly,

Major  
Paymaster

LM-  
Enc.

THE BOARD OF  
**PENSION COMMISSIONERS**  
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,  
(President Legislative Council),  
Chairman.  
Hon. J. A. Clift, K.C., C.B.E.,  
Major W. H. Parsons, M.C.,  
R.A.M.C.



In reply refer to

No. ....

*St. John's,*

December 6th., 1919.

To:- The Paymaster

2567, Ex-Pte. A. Chaulk.

Please note that the marginally noted man was  
DISCHARGED from the Empire Hospital December 6'1919

A. M. B.

87°



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Lewis Chaulk*

aged *24* conducted at *B. B.*

Date: *April 27/16* Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/ Both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

~~2477~~  
2567

33 *yes 1 scar lt. 1 year*  
34 *5'7 1/2"*  
35 *137 lbs*  
36 *53 1/2 36*  
37 *\$300*

38 *Mother Mrs. George Chaulk Brooklyn B. B.*  
39 *Mother*

Signature of Medical Examiner: *William R. East*



Chauck.

1 suit clothe	—	60.
1 overcoat	-	50.
1 suit underwear	—	6.
1 shirt	-	2.
2 pair socks	—	2.
4 collars	—	1.
1 tie		1.
1 hat		5.
1 pair boots	—	9.
1 shaving outfit	—	5.
1 suit case	—	6.

\$147.00

O.K. for \$147.  
W.P.H.

AMOUNT	R. S. Corp
24694	INTL
LEGER	—
LEGER	—
LEGER	—

L. Chauck.

J. C. A.

I, ..... *Lewis Chaulk* ..... being duly sworn  
depose and say, that the attached statement of claim for  
property lost in the fire at the Empire Hospital, is a  
correct statement of my losses.

*L. Chaulk* .....

sworn before me at

Department of Militia, St. John's,  
this .. *16<sup>th</sup>* .. day of .. *December* ..

A.D. 1919.

*C. C. Byrne*  
*Capt.*

*F. C. R.*

Statement

Acct of Clothing for the force at  
Empire Hospital Nov 4-19

2 Suits of Clothes	135.00
1 Overcoat	65.00
2 Suits of Underwear	10.00
3 <sup>rd</sup> Top Sheet	<del>5.00</del>
3 <sup>rd</sup> per Socks	5.00
15 Linen Collars	4.50
5 Ties	7.50
1 for Slaves	4.50
1. Hats	6.00
2 <sup>one</sup> per Boots	10.00
1 Shaving Brush	20.00
1 Suit Case	6.00
	10.00

Total 265.50  
286.00

Sgd 25-67

L. Shultz

2567 Chaulk

P.M.

Phan sittle W. S. G. a/c

15/12/19

W.S.G.

To Capt. J M. Howley.

St John's July. 14, 1919.

Paymaster.

Department of Militia.

Dear Sir.

Please pay to No. 3419. A. Pollard. The sum of  
\$80. Eighty Dollars. And charge to my War Service  
Gratuity Account.

Yours Truly. No. 2567..... *L. Chaulk*.....



Dec. 30, 1919.

Major Howley,  
O.I.C. Pay and Records.

Please pay L. Chaulk, 2567,  
the sum of ten dollars and fifty cents,  
in payment of allowance for week ending Dec. 27th  
and charge same to Civil Re-establishment Committee.

Pension \$15.00.

ACCT NO.	25190	INITIALS	_____
LEDGER	_____	INITIALS	_____
PAY LEDGER	_____	INITIALS	_____
GEN LEDGER	_____	INITIALS	_____

*Shuster*  
.....  
Vocational Officer.

*L. Chaulk*

May 29th 1920

Major Howley  
O. I. C. Records

Please pay to L. Chaulk, 2567  
the sum of forty five dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$45.00

Pension \$15.00

ACCOUNT	<i>CAB</i>
CHK. NO. <i>38557</i>	INITIALS <i>all</i>
INT. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

*A.C.A.*

*W. M. Mackall*  
Vocational Officer

*L. Chaulk*

1917 - 1918

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 9 <sup>75</sup>/<sub>F</sub>

Aug 16<sup>th</sup> 1918.

Received from the First Newfoundland Regiment

the sum of Nine <sup>75</sup>/<sub>F</sub> Dollars.

~~Account~~  
balance of Pay.

L. Chaute

Ch. No. 8618	Initials EW
Pay Ledger 36	Initials WM
Gen. Ledger.....	Initials.....

Regtl. No. 2067

Rank Pte



No. 2567.

Rank Pl.

Name Chack. L.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 80<sup>00</sup>xx

July 14 1919

Received from the First Newfoundland Regiment  
the sum of Eighty Dollars.  
on account of Pay. W.S.F.  
balance

A Ballard  
Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

Ch. No. <u>2993</u>	Initials. <u>EW</u>
Pay Ledger <u>#3</u>	Initials. <u>WR</u>
Gen. Ledger.....	Initials.....

No. 2567

Rank Pt

Name J. Clark

Per a Tollard

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$29<sup>00</sup>

Dec 15 1919

Received from the First Newfoundland Regiment  
the sum of Twenty nine — Dollars.  
on account of Pay. *W. H. G.*

Ch. No. 24160	Initials <i>W. H. G.</i>
Pay Ledger 43	Initials <i>W. H. G.</i>
Gen. Ledger.....	Initials.....

Regtl. No. *L. C. Rank*

No. 2567 Rank P. 6

Name S. Chaulk

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

Dec 6/19

Received from the First Newfoundland Regiment

the sum of Seventy \_\_\_\_\_ Dollars.  
on account of Pay. W.S. Lt  
balance

*L. Chmel*

Ch. No. 21590	Initials. <i>W</i>
Pay Ledger 43	Initials. <i>W</i>
Gen. Ledger.....	Initials.....

Regtl. No. 2567

Rank *Plt*

No. 2567

Rank

Plt

Name A. Chaulk

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10.<sup>00</sup>

June 11<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Ten 00 Dollars.  
on account of Pay.  
balance

C.P.A. I Chumk

Ch. No. 7601	Initials J.W.
Pay Ledger 172	Initials J.W.
Gen. Ledger	Initials J.W.

Regtl. No. Rank



No. 2567 Rank Pte.

Name L. Chalk

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.<sup>00</sup>

June 4<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Fifteen \_\_\_\_\_ Dollars.  
on account of Pay.  
balance

L. Chaulk

Ch. No. 1363	Initials EW
Pay Ledger 172	Initials EW
Gen. Ledger 172	Initials EW

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

C. J. B. H.

No. 2567 Rank Pte

Name L. Chalk

1918-1919.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 27 <sup>40</sup>/<sub>100</sub>

Aug 5<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of twenty seven <sup>40</sup>/<sub>100</sub> Dollars.

on account  
balance of Pay.

L. Shaulki

Ch. No. 494	Initials EW
Pay Ledger 36	Initials WU
Gen. Ledger	Initials

Regtl. No.

Rank Pte

7

No. 2567

Rank *Pl*

Name *Chalk L*

1918-1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10.00

July 31<sup>st</sup> 1918

Received from the First Newfoundland Regiment  
the sum of ten Dollars.  
on account ~~balance~~ of Pay.

L. Chavik

Ch. No. <u>530</u>	Initials <u>[Signature]</u>
Pay Ledger <u>B6</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

Regtl. No. 2567

Rank Pte

[Signature]

No. 2567.

Rank PC

Name Chack L.

L. Chault

C.R. 2567

~~APP~~



This space to be left blank for the Chelsea Number.

## Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

*Originals*

No. 2567 Army Rank Private

Name Chalk Lewis  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps The Royal Newfoundland Regt

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age 24 years \_\_\_\_\_ months

Height 5 feet 8 inches

Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
range of expansion \_\_\_\_\_ ins.

Complexion Great

Eyes Brown

Hair Dark Brown

Trade Fisherman

Intended place of residence (To be given as fully as practicable) { Proville  
Boisjota Bay  
Newfoundland

Descriptive marks.

Small scar upper third L Arm  
Scar bridge of nose

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
No. 6945/44  
DATED 4 MAY 1918

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— \_\_\_\_\_

4. Character awarded in accordance with King's Regulations:— \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to\*



No. 2567 Rank M. i. Name L. Chauk

Pay	F.A. Wks	Total	N. W. 0/73
100	10	110	
Less Allotment		65	
Net Rate		45	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
						From	To			\$	¢			
Balance					Balance									
Acquittance Rolls					Pay @ Net Rate	21 <sup>07</sup> / <sub>7</sub>					10	14	10 ✓	
Hospital Advances		2	16	6 ✓		22 <sup>12</sup> / <sub>7</sub>	25 <sup>5</sup> / <sub>78</sub>	132	45	59	40	12	4	1 ✓
A.B. 64.					2 day R.A.C. 1/9								5	3 ✓
P.&.R.O. Payments		6	0	0 ✓										23-4-2 ✓
Cheque 8033	25 <sup>5</sup> / <sub>18</sub>	14	0	0 ✓										

8-16-6 ✓

*[Signature]* 25-  
18

~~14-7-8 ✓~~

Mar 23/18

To Major Tunwell  
Royal Newfoundland pay & Record  
Office

Sir please pay to  
No (2567) pte Chaulk The sum  
of £1.00 on account of wat  
may be due him  
Sign

Cap Tunwell

OK £1-0-0  
AWD 23/18

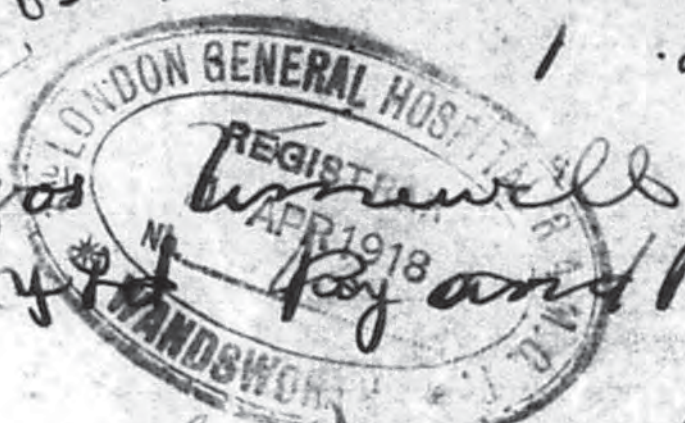
8 <sup>RD</sup> LONDON GENERAL HOSPITAL
No. _____
23 MAR 1918
WANDSWORTH, S.W. 18

Receipt  
6221



*[Handwritten signature]*

OK  
£9.0.0 1/4/18  
LRB  
Receipt No 6384



to Major  
R W 4th  
Sis  
Pay and Pass Office

please pay to £5.00 Pto S to haulk  
R W 4th Reg the sum of £10.00  
on account of what may  
be due hereafter.  
Sgn [Signature] approved  
[Signature]

50	BRANCH
7	INITIALS
15	

9.4.18

Yr Major Tunnewell  
R N & L D Pay and Record Office

Sir

Please pay to 2567 R.L. Chant  
R. Rfld Reg

the sum of £1.0.0  
on account of what may be  
Due here

Yours  
Sgt

OK  
£1.0.0  
JKH 10/4/18  
Receipt no. 6512

Approved  
Sgt  
Capt Rance

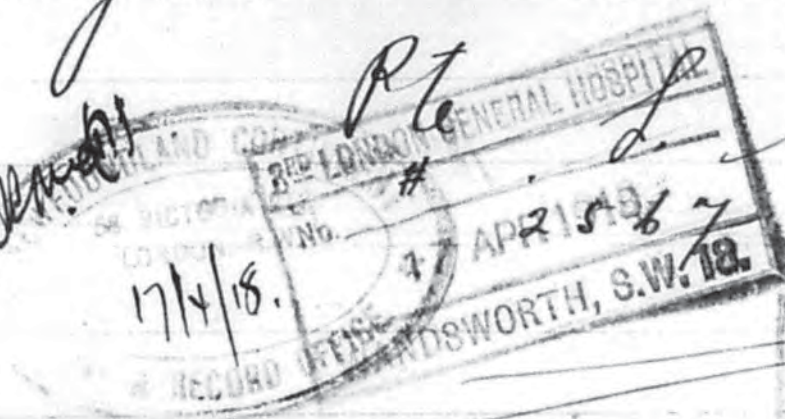


JKH

o.k.  
£1.0.0 17/4/18  
R.B. Receipt No 6606

Please advance the sum of £1.0.0.  
to Pte L. Chalk 2567 R. Wpld. Reg't on  
account of my balance coming to him -

Approved  
Wagon Captain



Pte L. Chalk  
R. Wpld Reg't

BRANCH	
INITIALS	HC

Wood 62 April 12<sup>th</sup>  
3<sup>rd</sup> London Gen'l Hoop.  
Wandsworth S.W.

Capt. Marshall, Sir:-

I would be very pleased if you would send me a full statement of my account, as I wish to know how much I owe to my credit. Hoping you will oblige

Yours sincerely  
Pte L. Chalk

#2567 R. Nfld. Reg-<sup>t</sup>

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Pos. No.	3369
Rec'd	79 APR 1918
Ack'd	Am. d
Ref. Nos. 001	

Comd	
P & R.	79 APR 1918
R. & C.	
B & E	
P. S.	

(1)



L2 H 18

To Major Timewell  
R Nfld Pay & Record Office  
Sir

Please pay to. 262.7. Pte F Chaulk  
R Nfld Reg

the sum of £ 1. 0. 0  
on account of what is  
Due him  
Yrs

1.0.0 m/4/18  
Approved  
7709  
Recd  
no



FILE	BRANCH
	INITIALS

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19 26/5/17

Regtl No 2564 Rank Pte Name Charles L. Unit Royal Wld Regt who was Repatriated  
to Newfoundland on 6/5/18. Authority A 4B 179 Cause Class A.

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	CR.	PARTICULARS					£	s	d
	£	s	d	£	s					d							
PERIOD: From 22-12-17 To 6-5-18	Balance Dr. from								Balance Cr. from <u>21-12-17</u>								
	Allotment 136 days @ 65 <sup>c</sup>					89	40		Pay 136 days @ \$1.00					136	00		
	Cash Payments: <u>P420</u>								Field Allot 36 days @ \$10					13	60		
	<u>Hospital Adv.</u>								Other Allces days @ \$					149	60		
	Other Debits:								Other Credits:								
									<u>Ration allowance</u>								
								<u>2/5/18 to 6-5-18</u>									
								<u>5 days @ 1/9</u>									
Total Debits							40	19	9	Total Credits							
Balance due by Paymaster								18	7	Balance due to Paymaster							
							41	18	4								

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

\_\_\_\_\_  
(Place) \_\_\_\_\_ 191  
(Date)

Made up/Checked in accordance with information received in the Pay & Record Office \_\_\_\_\_ O.C. " " Company.  
and is therefore subject to amendment if and as may be found necessary. London to 4/5/18

Pay & Record Office, London,

4-5- 191 8

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 2567 Rank Pte Name L. Oshuk Unit Royal Nfld. Regt who was Repatriated  
 to Newfoundland on 9/5/18 Authority A.P.B. 179 Cause Class A

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$			£			CR.		
		¢			s	d				
	Balance Dr. from									
	Allotment 136 days @ .65	88	40		18	5	5			
	Cash Payments: P. & R. O.				80	0	0			
	Hospital Advances				2	16	6			
	Other Debits:									
	Total Debits				40	19	9			
	Balance due by Paymaster					18	7			
					41	18	4			
	Balance Cr. from 21/12/17							10	14	10
	Pay 136 days @ \$ 1.00	136	00							
	Field Allowance 136 days @ \$ .10		13	60						
	Other Allowances days @ \$		149	60				30	14	9
	Other Credits:									
	Ration Allowance.									
	2/5/18 - 6/5/18, 5 days @ 1/9								8	9
	Total Credits							41	18	4
	Balance due to Paymaster									

PERIOD: FROM 22/12/17 TO 6/5/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

CHECKED  
 J. O. B.  
 14/5/18

\_\_\_\_\_ 191 \_\_\_\_\_ O.C. " " Company.  
 (Place) (Date)

Made up and checked in accordance with information received in the Pay & Record Office \_\_\_\_\_ to / /  
 and is therefore subject to amendment if and as may be found necessary. London, S.W. 4 5 18

Pay & Record Office, London, 4/5/18 191 Chief Paymaster & Officer i/c Records.

Emergency Travel Card issued

(9 25 40) W372—M1960 150,000 9/17 HWV(M1351) Forms/W3201/2



FOR USE IN THE CASE OF A SOLDIER SENT TO HIS HOME

From a Hospital or Unit as "Medically Unit"

1 Roy Inld.

(Regiment).

No. 2567, Rank Ple, Name

Chauke L.

has orders to proceed to his home:

(Address 58 Victoria St. S.W.)

and there to await further instructions as to his discharge from the Service.

Officer Commanding.

H. Jagan

Registrar, R.A.M.C.

Place WANDSWORTH

Date 2/5/18

3rd London General Hospital, WANDSWORTH, S.W.

\*Here enter name of Hospital or Unit from which the soldier is sent

**NOTIFICATION that a Soldier has been sent  
Home from Hospital to await Discharge  
under para. 392 (xvi.) King's Regulations.**

Soldier's } 2567 Rank Pte  
Regtl. No. }

Name Chambers L. Adm. 24/1/18  
(Surname first)

Corps or Regiment } 1 Rnfd  
(also Unit if known) }

To Officer i/c of Records 58 Victoria St

Regimental Paymaster \_\_\_\_\_

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 4/5/18, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 2/5/18

to (full address) 58 Victoria St  
London SW

Date 2/5/18 Registrar, R.A.M.C.I. G C Hall { Officer  
Comm. Capt

Place 3rd London General Hospital, Hospital.  
WANDSWORTH, W.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

**NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.**

Soldier's } 2567 Rank Pte  
 Regtl. No. }  
 Name Shanley L. Adm: 24/1/18  
 (Surname first)  
 Corps or Regiment } 1 Royal  
 (also Unit if known) }  
 To Officer i/c of Records 58 Victoria St  
 Regimental Paymaster \_\_\_\_\_

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 1/5/18, has been sent to <sup>the address below</sup> his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded on (date) 2/5/18

to (full address) 58 Victoria St  
Lan SW

Date 2/5/18 G C Hall { Officer  
capt { Comm.  
Registrar, R.A.M.C.F.

Place 3rd London General Hospital, Hospital.  
WANDSWORTH, S.W.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.



*Original*

Medical Report on an Invalid.

Station 3rd London General Hospital,  
WANDSWORTH, S.W.

Date 3/4/18.

- 1. Unit 1st R. N. Fed.
- 2. Regimental No. 2567
- 3. Rank Pk.
- 4. Name Chauck. Louis.
- 5. Age last birthday 24
- 6. Enlisted <sup>on</sup> 23.4.1916.  
<sub>at</sub> St. John's.

- 7. Former Trade } Fishing  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge; Nil.  
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. Lipoarm. (Fractured Humerus)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported opinions and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 No. 6945/44  
 DATED 4 MAY 1918

9. Date of origin of disability.

9-10-11.

10. Place of origin of disability.

Ypres.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Received G.S.W. as above.

Operated on 2 times in France before coming over - details not given; twice at 1st London - Regiments, cleaning up wounds. Admitted here on 24-1-18, with an healed, ~~low~~ position of fragments good, but arm was straight & sp. unable to bend his elbow. On 4-2-18 Arm was bent under gas. On 8-3-18 Small abscess developed in arm & this was opened under local anaesthetic. Wound then healed. Injury to dorsal portion of Median Nerve.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

G.S.W.

Active Service.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Wounds healed, much washing of muscles from. Hemiparesis of flexion at elbow 100%. Muscles of hand wasted. Slightly dropped wrist. Anaesthesia of dorsum of Index & Medius. The Warham C.S. suggests Band as this pt. will be more than 6 months getting well.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

5 Operations (1) Details of 4 were made by cleaning up wound (in house)  
3 } Repeated exercises.  
4 }  
5. Movement of Elbow joint

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

Permanently unfit

D. D. Davies

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except † 3rd London General Hospital,

Station WANDSWORTH, S.W.

A. E. J. [Signature] Col. A.M.S.

Officer in charge of Hospital.

Date 1/5/18

Col. A.M.S.

Comdg. 3rd London Gen Hospital.

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

*Y/ra*  
*Y/ra*  
✓  
✓

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

*G. I. W.*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

✓

23. Is the disability permanent?

*Y/ra*

24. If not permanent, how soon do the Board recommend re-examination?

✓

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

*80.*

26. If an operation was advised and declined, was the refusal unreasonable?

*vide 16*

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) ~~Change to England?~~

*Y/ra*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium ;
- (b) Hospital ;
- (c) Convalescent home ;
- (d) Asylum ; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

*Y/ra not p. in manual*

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

3rd London General Hospital, WANDSWORTH, S.W. Station W. B. D. ... President.  
Date 1/5/18 J. J. Bell - J. M. S. R. Members.

Approved: 3rd London General Hospital, WANDSWORTH, S.W. Station W. B. D. ... Administrative Medical Officer.  
Date 1/5/18

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

# MEDICAL HISTORY

Surname Chaulk OF Christian Name \_\_\_\_\_



Table I.—GENERAL TABLE.


Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 22 day of April 1916 at _____		on _____ day of _____ 191 at _____	
Declared Age	23 years 11 days		_____ years _____ days	
Trade or Occupation	Fisherman			
Height	5 feet 7 1/2 inches		_____ inches	
Weight	137 lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... 36 inches		_____ inches	
	Range of expansion... 2 1/2 inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number	1		
When Vaccinated	1 year ago 1 year ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	one year ago 4/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<i>L. J. P. Davis</i>			
(Rank)	Major		Medical Officer.	
Enlisted	at St. Johns		at _____	
	on 22 day of April 1916		on _____ day of _____ 191	
Joined on Enlistment	Corps.	1st Nfld. Reg.	Corps.	
	Regtl. No.	2567	Regtl. No.	
Transferred to	Newfoundland			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

COPY SENT TO  
O.C. 4th Bn. Q.  
ST. JOHNS, N.F.L.D.  
P. 38, No. 6945/44  
DATED 4 MAY 1918



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	21	1	17	24	2	17	Buncheitis and Debility.	24	Reports sick December 1916 France. No physical signs noted on admission. Much weakness.	L. S. C. C. B. Capt
 8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	21	7	17	28	7	17	boil on face	7	treated with moist dressing	<i>[Signature]</i> Capt
15 <sup>th</sup> London General Hospital	24	10	17	24	1	18	Fract left arm	82	Fract: humerus	L. S. C. C. B. Capt
8 <sup>th</sup> London General Hospital, WANDSWORTH, SW4	1		18				G. I. W. Left arm		Board held see overleaf Disability G. I. W. left arm (Fractured Humerus). Much wasting of muscles of arm Limitation of movement at elbow & slightly dropped wrist. Cause: G. I. W. on Active Service Inability of earning a livelihood lessened by 80%.	W. J. G. A. R. C. C. B. Capt





Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(I) in substitution for a man fit for General Service.

No. 2567 Rank Pte Regiment R. A. F. I. D.  
 Name Lewis  
(Surname first)

1. State what special qualifications you have for employment in civil life.

*Nil*

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 P.38. No. 6945/44  
 DATED 4 MAY 1918

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*West Eye Brooklyn B. B.  
 "fishing" two years*

3. What is the nature and locality of the employment you desire?

*Light work*

4. What is the name of your Approved Society?

*Nil*

5. Have you been employed whilst with the Colours? If so, in what capacity?

*Nil*

Date *April 26<sup>th</sup>/18* Signature *Lewis Chalk*

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



**Descriptive Return of a Soldier discharged on account of Disability.**

**INSTRUCTIONS.**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Statement should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A Name in full** Chauck. Louis.  
**Regiment from which discharged** 1<sup>st</sup> R. Afr.  
**Regimental Number** 2567.  
**Where born (Parish, Town and County), and when** Bona Vista Bay. N.F. 28.5. 1893  
**Intended address** Brooklyn Bona Vista Bay. N.F.  
**Height on discharge** Five Feet Eight Inches  
**Colour of Hair on discharge** dark brown. **Colour of Eyes** brown  
**Descriptive marks** g. s. w. scar. upper thin l. arm. scar bridge of nose. **Complexion** W. P. 38.  
**Figure on discharge** Slight.  
**Christian name of Father** George  
**Christian name of Mother** Elizabeth  
**Wife's Maiden name in full** }  
**Date and Place of Marriage** } N.E.  
**Christian names of Children** }  
**Nature and locality of civil employment desired** Light work at Bona Vista Bay

SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
No. 6945/14  
DATED - 4 MAY 1918

I declare that I am the soldier referred to above, and that all the particulars contained in the above Statement are, to the best of my knowledge, correct.

(Soldier's Signature in full) Louis Chauck

Station Wansworth (Rank) Pte  
Date 26<sup>th</sup> June

I certify that the above-named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.

D. A. Davies M.D. Medical Officer i/c Hospital.

Station 3rd London General Hospital, WANDSWORTH, S.W. Date April 26<sup>th</sup> 1918

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		
				Years	Days	
				India		
				S. Africa		
Disallowed ...	...	...	...			
Service towards Pension ...	...	...	...			
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }		
Sums due on account of public debts ...						

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

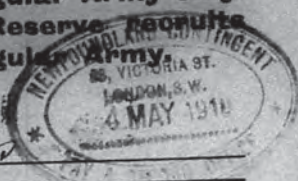
Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

624  
COPY.

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits  
and Special Reservists enlisting into the Regular Army.



# MEDICAL HISTORY of

Surname Chalk Christian Name Jones

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on 22 day of Apr 1916  
at \_\_\_\_\_

Declared Age ... 23 years 11 days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 7 1/2 inches.

Weight ... 137 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.  
Range of Expansion 2 1/2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left 1  
Number \_\_\_\_\_

When Vaccinated ...

Vision ... { R.E.—V= 6/6  
L.E.—V= one year ago  
(a) \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Sgt. H. Stetson  
(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at St. John's  
on 22 day of April 1916.

Joined on Enlistment ...	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT;	<u>2567</u>
Transferred to ...		

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 1916

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> London General Wauzworth	31	1	17	24	2	17	Bronchitis + Debility	24	Reported sick Dec. 1916 France. No physical signs in chest on admission. Much weakness	J. C. Calister Capt.
Military Hosp Ayr	21	7	17	28	7	17	boil on face	7	treated with moist dressing	H. W. Austin Capt.
1 <sup>st</sup> London General	24	10	17	24	1	18	P. W. L. Arm	82	Fract humerus	C. W. Hand
3 <sup>rd</sup> London General Wauzworth	24	1	18				P. W. L. Arm		Board held - see notes of Disability - P. W. L. Arm (Fract Humerus) Much wasting of muscles of arm. Limitation	

**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature
11.7.16. 21.7.16.	1 <sup>st</sup> inoculation 2 <sup>nd</sup> JAB pro. 10 <sup>th</sup> (S. Sicilian) J.B.W.
16.8.16. 7.10.16.	Successful Vaccination J.B.W. 3 <sup>rd</sup> inoculation Para. 2 J.B.W.
6.10.16.	Fit for Foreign Service J.B.W.
	JAB - 4.5.17 2 18.5.17 C. W. Austin Capt. L.A.H.C.
1.5.18	Board held Pending - Temporary unfit Board approved - 1.5.18 Sgt. H. Pagan, Maj. L.A.H.C. 2 <sup>nd</sup> London General Hosp. Wardsworth S.W.

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

## Report of Medical Board.

Station **St. John's, Nfld.** Date **July 18th., 1918**  
 No. and Rank **2567 - Pte.** Age **24** Height **5'8"**  
 Name **CHAULK L.** Complexion **Fresh**  
 Unit **Royal Nfld.** Eyes **Brown** Hair **Dark Brown**  
 Address **Brooklyn, B. B.**  
 Former Trade **Fishing**  
 Enlisted at **St. John's** On **23/4/16** (The Board will please note how the soldier's appearance corresponds with above description.)  
 Disease or Disability Original **GUN SHOT WOUND LEFT ARM (FRACTURED HUMERUS)**

Subsequent

Present Condition (Compare with previous Board)

**WOUNDS NOW SOUNDLY HEALED. MOTION ABOUT SAME AS PREVIOUS REPORT**

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

**TOTAL WHILE IN HOSPITAL**

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

**REMAIN IN HOSP. FOR ELEC. TREATMENT**

**DISCHARGE PERMANENTLY UNFIT**

Members of Board

(SGD) **N. S. FRASER**

(SGD) **CLUNY MACPHERSON, Major**

**JOHN G. DUNCAN**

**J. S. TAIT**

Approving Medical Officer.

CERTIFIED CORRECT COPY

**CLUNYMACPHERSON, Major**

Per *A. M. P.*



# Report of Medical Board.

Station **St. John's, Nfld.**

Date *June 8/18*

No. and Rank *2567 Pte*

Age *24*

Height *5'8"*

Name *Chalk L.*

Complexion **Fresh**

Unit **Royal Nfld.**

Eyes **Brown** Hair **Dark Brown**

Address **Brooklyn, B. B.**

Former Trade **Fishing**

Enlisted at **St. John's** On *23/4/16*

(The Board will please note how the soldier's appearance corresponds with above description.)

Disease or Disability: Original

*G. S. W. left arm (Fractured Humerus)*

Subsequent

Present Condition (Compare with previous Board)

*Large wound upper arm (left) at anterior fold of axilla, discharging slightly. Scar on outer side of upper arm healed, much wasting of upper arm with some loss of bone. Limited motion at shoulder joint. Scar at point of elbow. Elbow joint ankylosed. Hand paralyzed with only slight motion in fingers.*

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

*100% of his livelihood  
Total while in camp*

Recommendation of Medical Board

*Discharge permanently unfit  
Subs. by Gen. Com. Hosp.*

Members of Board

*H. J. ...  
J. ...  
L. ...*

Approving Medical Officer

*Chas. Macpherson,  
Major*



COPY.

Medical Report on an Invalid

Station 1st General Hospital  
Wausonath St.

Date 30.4.18



1. Unit ROYAL NEWFOUNDLAND REGIMENT.

7. Former Trade } Fishing  
or Occupation }

2. Regimental No. 2567

3. Rank Sgt

4. Name Chauk Louis

5. Age last birthday 24

7A. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge. Nil

6. Enlisted { on 23.4.16  
at St John's Nfld

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

L.S.W. Left Arm (Fracture Humerus)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 9.10.17.

10. Place of origin of disability. France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Received L.S.W. as above. operated on 3 times in France before coming over. details not given: twice at 1<sup>st</sup> Loos. - sequestrectomies & cleaning up wounds. Admitted here on 24.1.18 with arm healed, position of fragments good, but arm was straight & pt unable to bend his elbow. On 4.2.18 arm was bent under gas. On 8.3.18 small abscess developed in arm & this was opened under local anaesthetic. Wounds then healed. Injury to dorsal portion of Median Nerve.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). L.S.W.

(b) constitutional or hereditary, and not aggravated by service during the present war. Active Service

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases where it is likely to afford evidence of the progress of the disability.

Wounds healed. Much wasting of muscles of arm. Limitation of flexion at elbow joint. Muscles of hand wasted. Slightly clipped wrist. Anaesthesia of dorsum of hand & fingers.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

Mr. Wankam C.S. suggests Board as their pt. will be more than 6 mos. getting well

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

5 operations (1) Details not known probably cleaning up wounds (in France) (2) Sequestrectomies (3) Movement of elbow joint

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

Permanently Unfit

Sgt D. Davies C.S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Wandsworth SW.

Sgt R. Bruce Lister C.S.

Date 1.5.18

Officer in Charge of Hospital. Comd'g 3rd London Gen Hosp

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

*Yes*  
*Yes*  
*—*  
*—*

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

*G. S. W.*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

*Yes*

23. Is the disability permanent?

*Yes*

24. If not permanent, how soon do the Board recommend re-examination?

*—*

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

*80%*

26. If an operation was advised and declined, was the refusal unreasonable?

*vide 16.*

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*yes.*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

*yes as o.f. for massage*

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

*See*

30. Does the man require the constant attendance of another person?

3rd London Signatures: *Trap*  
Station *Wandsworth SW.*  
Date *1.5.18*

*A. C. Logan* *Capt. H. A. C.?*  
*J. D. C.* *H. W. R.*  
Members.

Approved.  
Station  
Date

*A. C. Logan* *Capt. H. A. C.*  
Administrative Medical Officer.

C.R. 2567

RECEIPT:

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal 1914-1919.

Name *Lewis Chant*

Date *22/11/19*

Place *Grand Falls*

PERSONAL EFFECTS

C.R. 2567

RECEIVED FROM MILITIA DEPARTMENT

ONE ENVELOPE CONTAINING PHOTOGRAPH BELONGING TO  
THE ~~NO.~~ NO. 2567, PRIVATE LEWIS CHAULK

SIGNED... *Invr. E. Chaulk*

DATE... *Sept 11<sup>th</sup> 18*


No. of Paper 948.

PERSONAL EFFECTS.

Name Chault. A.

No. 2567 Rank Pvt

Regiment R. Newfoundland

Article	Where stored	Notified by
<u>1 Envelope</u> <u>Containing</u> <u>1 Photo</u>		STAFF NEWFOUNDLAND
	Final Disposal	

Remarks: - Repatriated:-

Next of Kin:-

Mother: Mrs Elizabeth Chault  
Brooklyn

BB

CR 2567

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, dated August 9, 1918.

2567, Pte, Chaulk, L.

Having been found Medically Unfit are Struck off the  
Strength from 1/8/1918.

C.R. 2567

Extract from list of men of the Royal Newfoundland Regiment  
discharged on various dates.

2567 Pte.L.Chaulk,

Discharged 1-8-18, Medically Unfit

C.R. 2567

Extract from Daily Orders part 11, Depot, St. John's dated  
July 3rd., 1918.

HOSPITAL.

#567 Pte. L. Chmulk

Admitted to Navel and Military Hospital  
from 2-7-18.

bc.



M.F. 3

2567

## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTM'T OF MILITIA  
AND QUOTE NO.2567

ST. JOHN'S, NEWFOUNDLAND,

July 2nd., 1918.

From:- D. M. S.

To:- O. C. Depot.

2567. Pte. L. Chaulk

The marginally noted man entered the Naval  
& Military Convalescent Hospital July 2nd., 1918.

CLUNY MACPHERSON,

Major, D. M. S.

Per *AWB**AWB*



C.R. 2567

Extract of PRELIMINARY REPORT from THE DIRECTOR of MEDICAL SERVICES  
to O.C. Depot, dated June 10th. 1918.

At a Medical Board held on Saturday, June 8th., the following were the  
findings:-

2567 Pte. L. Chaulk

Royal Wfld. Regt. Recommended admission to Naval & Military Convalescent  
Hospital.

C.R. 2567

Extract from Daily Orders part 11, from Unit The Royal  
Bnld. Regt. St. John's, dated June 5th, 1918.

The following man returned from Overseas and reported  
to Depot from 1.5.18

#2567 Pte. L. Chaulk.

GR. 2567

Extract of Casualty received from Pay & Record Office, London,  
dated 8th May 1918.

2567 Pte L. Chaulk.

Discharged as Physically Unfit.

C.R. 2567

Extract from Telegram received from London, dated  
May 8th, 1918.

The following embarked per Government transport at  
Liverpool May 6th for New York. Being sent home  
for discharge:-

2567 Chaulk.

C.R. 2567

Extract of Casualties received from Pay & Record Office,  
London, dated January 28, 1918.

#2567 Pte. L. Chalk. ✓

Transferred from No. 1. London General Hospital, to  
3rd London General Hospital, Wandsworth, 24/1/18.

Auth:- Memo from O.C. 3rd L.G.H. 25/1/18.

C.P. 2567

Extract of Casualties received from Pay & Record Office,  
London, dated January 25, 1918.

O.C., 1st. London General Hospital, S.E. 18, reports:-

#

#2567 Pte. L. Chaulk. ✓

Transferred to 3rd London General Hospital, 24/1/18.

Auth:- Memo from 1st. L.G.H.

2567 Pte. Lewis Chaulk. ✓  
-----

C.R. 4042

Ext. of Casualty list received Oct 29th, 1917.  
Previously reported Gunshot Wound Left Arm, severe,  
Rouen Oct 11. and now reported at 1st London  
General Hospital.

C.R. 4096

2567 Pte. Lewis Chaulk.

Ext. of Casualty list received Oct 20, 1917.

Gunshot Wound Left Arm severe. 6th General

Hospital, Rouen, Oct 11. ✓



S. R. 2567

Extract from Medical Roll of N.M.A. Regt. Draft No. 22  
from 2nd Bn. Depot, to 1st Bn. B.M.F. embarked Folkestone  
8/8/17.

2567 Pte. L. Chaulk.

C.R. 2567

Extract from Casualties received from P & R Office, London,

Feb. 2, 1917.

2567 Chaik,

At Wandsworth, Bronchitis.

C.R. 2567

Extract from War Office List No. H.A. 6113 Jan. 26th. 1917.

2567 Pte. Chaulk L.....Myalgia Slt.....Adm. 12 Gen. H.  
Rouen 19th. Jan.1917.

C.R. 2567

Retract from Nominal Roll of Hfld. Regt. Embarked Smyth-  
ampton, (Draft No. 12) From 2nd Bn. Depot, to 1st Bn. B.E.F.  
11-10-16.

2567 Pte. L. Chaulk.

C.R. 2567

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Sicilian" July 19/1916.

2567 Pte. Chaulk L.

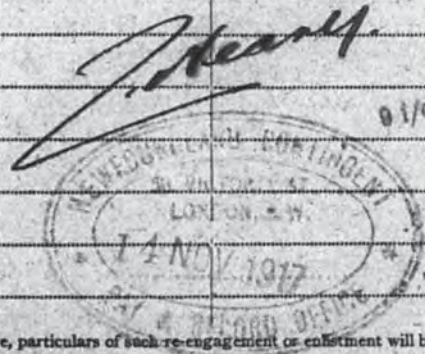


**Casualty Form - Active Service.**

Regiment or Corps Newfoundland  
 Rank Private Surname Caulk Christian Name Edward  
 Religion Methodist Age on Enlistment 23 years 11 months.  
 Enlisted (a) St. John's Terms of Service (a) Duration Service reckons from (a) 17/4/16  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Signature of Officer. Forward Capt.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>Shampton</u>	<u>5 8 17</u>	
			Disembarked <u>Rouen</u>	<u>7 8 17</u>	
			Joined Battalion	<u>2 8 AUG 1917</u>	<u>B 2 13</u>
		<u>Wounded in Action</u>		<u>9 OCT 1917</u>	<u>B 2 13</u>
		<u>At G. S. W. Army</u>		<u>10 10 17</u>	<u>60 1956</u>
		<u>" " "</u>	<u>Rouen</u>	<u>11 10 17</u>	<u>10 15 19</u>
		<u>Transferred to England</u>		<u>27/1/18</u>	<u>11 30 18</u>

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 W.F.P. 38, No. 6947  
 DATED 4 MAY 1918



(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
[506] W5017/2124 1000m 6/15m 23 56

Forms  
B. 121.  
39.

Number of Sheet 1st  
Signature of O. C. Company [Signature]

Regiment of \_\_\_\_\_

Signature of O. C. Company

Captain

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>2567</u>   <u>Chalk L.</u>	Age on	<u>23</u> years <u>11</u> months	<u>Fisherman</u>		
Joined _____ Date _____		Place and Date of Enlistment	<u>St Johns</u> <u>Sept 27 1916</u>			Religion
Joined _____ Date _____		Period of	{ with Colours <u>2</u> years.	{ with Reserve <u>3</u> years.		Place of Birth
Joined _____ Date _____				<u>Newfoundland</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Recourse</u>	<u>14. 9. 16</u>	<u>Pte.</u>		<u>Inattention on parade</u>	<u>Sgt. Bethune</u>	<u>4 days CS</u>		<u>Capt. Bernard</u>	<u>E.B.</u>
				<u>Medically unfit</u>	<u>1 8/18</u>				

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
W.P. 3B, No. 6945/44  
DATED 4 MAY 1918

To be carried over

Army Form B. 121.